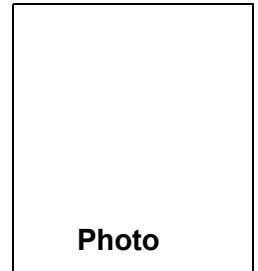




## MEMBERSHIP APPLICATION FORM

For Women in Technology, Business, Profession & Service

To  
 The Hon. Secretary,  
 ENGINEERING MANUFACTURER ENTREPRENEURS RESOURCE GROUP  
 #51, 15th cross, AECS layout, Sanjaynagar. Bangalore - 560094  
 Telefax: 080 42061929 email ID: emerg@emergndia.org  
 website : [www.emergindia.org](http://www.emergindia.org)



### Section A: Personal Details

- a. Name (In Block Letters): .....
- b. Address Communication Should Be Sent To : .....
- c. Tel: ..... d: Email: .....
- e. Personal PAN No: .....
- f. List of Orgs that you are member of: .....
- g. Awards / Recognitions if any: .....
- h. Category applying under (please check the relevant box):

Individual	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Public Ltd. Co	<input type="checkbox"/>	Private Limited Co	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Corporate	<input type="checkbox"/>	Association	<input type="checkbox"/>	Women's Group	<input type="checkbox"/>
Institution	<input type="checkbox"/>	Working professional	<input type="checkbox"/>	Others (Pl specify)	<input type="checkbox"/>		

### Section B1: Business Details (Individuals and Registered Companies)

- a. Business Name: .....
- b. Business Address: .....
- c. Bus Tel: ..... d. Bus Email: .....
- e. Nature of the Business, Products and Services Provided: .....
- f. Your Designation and Responsibilities: .....
- g. Year Business Established: ..... h. Bus Website: .....
- i. Referred by .....
- j. How did you come to know about eMERG? .....

**Section B2: Business Details (Registered Companies Only)**

- a. Business PAN No / GST No: .....
- b. Co / Udyog Aadhar (UAM) Registration No. and Date: .....
- c. Total Number of Employees:.....
- d. How many employees are:

Women: .....

Women in a technical role: .....

e: Investment in Indian Rupees (INR): .....

f: Turnover in INR: Last 3 Financial Years (2018-19) (2019-20) (2020-21)  
.....

**Section C: Membership Details**

a. Membership requested in the name (s) of:

1. Name: Designation: Phone (O) (R)

2. Name: Designation: Phone (O) (R)

I / we desire to enroll as member (s) of eMERG. I / We agreed to abide by the rules and regulations of eMERG prevailing now and as and when amended. I / We will pay the mandated membership fee within **5 days of approval** of this application by the eMERG Executive Committee.

Company Seal (if available) Name: ..... Signature: .....  
Date:.....

**For Office Use Only:**

Membership For The Year .....

Accepted [ ] Membership No: ..... Rejected [ ] Date: .....

Remarks Signature .....

Payment Details: .....

**MEMBERSHIP FEE STRUCTURE**

Membership Fee is INR 1200 considered from 1<sup>st</sup> April to March 31<sup>st</sup> and paid on pro rata basis on the year of joining. The specified membership fee should be paid within **5 days of Application Approval.**

Annual Membership Fee is non refundable and due on April 15<sup>th</sup>

**ADMISSION FEE**

One time admission Fee of INR 1000/- is payable along with Annual Membership Fee.

Admission Fee is non refundable.

**LIFE MEMBERSHIP**

Life Membership Fee is INR 12,000/ and is a one time payment.

Eligible after 2 years as eMERG member

**ELIGIBILITY FOR MEMBERSHIP**

Any woman in technology, business, profession & service can become a member of eMERG.